



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741890-20
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of Martin CALDWELL et al..	
	Application Number: 09/936,841	Filed : March 1, 2002
For : A SURGICAL ACCESS DEVICE		
Group Art Unit : 3731	Examiner: Michael Thaler	
Signature: _____		
Name: _____		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) \$ 420.00 <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) \$ _____		
<input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>36,092</u>		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and <u>authorization on PTO-2038</u> .		
<u>September 28, 2004</u> Date		 Signature <u>Tim L. Brackett, Jr.</u> Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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SEND TO: Commissioner for Patents
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